

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G740		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/09/2011	
NAME OF PROVIDER OR SUPPLIER AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 6566 E 1200 N OSSIAN, IN46777			
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: September 6, 7, 8, and 9, 2011.</p> <p>Provider Number: 15G740 Facility Number: 011503 AIM Number: 200889030</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9-29-11 by C. Neary, Program Coordinator.</p>			W0000			
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, for 1 of 2 sample clients (client #2) the facility failed to ensure client #2 was not charged fees for financial arrangements the facility established.</p> <p>Findings include:</p> <p>On 9/7/11 at 9:50am, client #2's financial records were reviewed for the period from 4/2011 through 9/7/2011. Client #2's</p>			W0104	<p>W 104- AWS would like to formally appeal this citation as the ICF/MR regulations or interpretive guidelines make no statements about how representative payee accounts are to be managed, thus leaving the Social Security Administration (SSA) and the Representative Payee Guidelines to be the authority on appropriate use of funds and account set up. Included in the SSA guidelines for Representative Payees, it states, "In making the decision to use a checking account, you should</p>		10/11/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>bank records indicated client #2 did not have access to his personal bank account and client #2's bank account was in the facility's name for client #2. Client #2's bank account indicated an authorized withdrawal by the facility for a money order for \$4.00 which was charged to his account each month for each payment owed to the agency.</p> <p>On 9/7/11 at 9:50am, an interview with the facility's Regional Director (RD) was completed. The RD stated client #2 was "incompetent" and "could not" take care of client #2's banking. The RD stated the agency "authorized" a money order fee charged by the bank each month for a money order to be paid to the agency from client #2's personal bank account. The RD stated client #2's "only" deposit to the bank account was his Social Security check. The RD indicated client #2 did not have access to his bank account and the agency set up the account.</p> <p>1.1-3-1(a)</p>				<p>consider the fact that some beneficiaries cannot maintain high enough balances to avoid service charges. But if you must pay bills through the mail, a checking account would still be cost effective because cashier's checks and money orders have charges associated with them, as well. You should set up an account that minimizes fees and enables you to keep clear records. SSA encourages interest-bearing accounts. The bank account must be titled so that it is clear that the money in the account belongs to the beneficiary."</p> <p>The saving accounts set up for the clients who live in this home have no minimum balance fees and additionally no monthly account fees. This type of account was chosen because it offers the least amount of cost to the clients. The only fees the client pays is for a money order or cashier check to pay their monthly liability (if applicable). The cost for money orders is \$4.00 and for cashier checks is \$8.00. Over a period of time it is much more affordable for the client to pay a fee for a money order/cashier check. As stated above, SSA instructs Representative Payees to set up accounts that minimizes fees and charges to the client, and that is what AWS has done. Additionally, AWS does not require the clients to pay fees as stated in the 2567, nor are any</p>		

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W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review, and interview, for 1 of 1 sample client (client #2) who was incontinent, the facility failed to develop a training objective</p>			W0227	<p>fees paid to AWS.W 104 POC- AWS does not require the clients to pay fees, they are charged by the bank as account fees. AWS has informed all guardians and clients of the bank fees associated with their banks accounts at the time they chose AWS to become their Representative Payee. AWS does not maintain bank accounts for any consumer who we are not representative payee for. A form will be mailed to all consumers and their guardians who have chosen AWS to be their Social Security Representative Payee about their bank fees. This will be signed and returned as proof that they have been informed and agree to the payment of bank fees that will be associated with their account and that AWS will make every effort to minimize fees while providing maximum account security. The Residential Director will maintain all forms and make certain they are in the financial section of the clients file for review.</p> <p>W 227- The QMRP has added a goal to client #2's Individual Support Plan (ISP) to include a toileting objective. A toileting schedule has also been added to the Medication Administration Record (MAR) to ensure that</p>		10/11/2011

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	<p>based on his identified toileting need.</p> <p>Findings include:</p> <p>On 9/7/11 from 5:45am until 8:10am, observation and interviews were completed at the group home with client #2. At 6:25am, client #2 was up with Direct Care Staff (DCS) #1. DCS #1 carried client #2's sheets to the washer and began to start the washer. At 6:25am, DCS #1 indicated the sheets were wet with urine from client #2.</p> <p>On 9/7/11 at 11:15am, client #2's record was reviewed. Client #2's 3/29/11 ISP (Individual Support Plan) did not indicate a toileting objective/goal and did not indicate he was incontinent.</p> <p>On 9/7/11 at 12:30pm, an interview with the Regional Director (RD) was completed. The RD indicated client #2 did not have a toileting objective/goal and did not have a documented toileting schedule. The RD stated client #2's bed was "wet today" and client #2 was "not always" incontinent of urine.</p> <p>1.1-3-4(a)</p>				<p>client #2 is being prompted to toilet on a regular bases. The assessments for all clients have been reviewed and all other areas of client needs have been included in their ISP's. The Residential Director will monitor compliance through the Residential Monthly Report and review of the MAR.</p>		

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 2 of 2 sample clients (clients #1 and #2) living in the group home, the facility failed to use formal and informal opportunities to teach and train clients #1 and #2 for communication, hand washing, and medication administration.</p> <p>Findings include:</p> <p>On 9/6/11 from 3:50pm until 4:50pm, observation was completed at the home with clients #1 and #2. From 3:50pm until 4:50pm, clients #1 and #2 with facility staff #1, #2, and the House Manager (HM) were observed to eat supper and drink fluids. Clients #1 and #2 were non verbal and no word communication was observed encouraged by the facility staff. During the observation period clients #1 and #2 were not observed or encouraged to use the sign for drink, to use sign language, or communicate with pictures.</p> <p>On 9/7/11 from 5:45am until 8:10am,</p>			W0249	<p>W 249-The staff have received training on collecting data at all times of medication administration and hand washing to reinforce learning. The ISP data sheets were updated immediately after the survey to include data collection on client #1 and #2's medication administration goals at all medication administration times. The Manager and Residential Director also completed training to ensure that at all times of communication, that staff were utilizing the same techniques indicated in the communication goals. all goals were being documented at all applicable times. The Residential Director will review the Residential ISP monthlies which include trials run to insure that training is taking place at all necessary times for the medication administration and hand washing goals and the manager will complete observation sheets with the staff periodically to ensure the training has been effective in relation to informally reinforcing communication goals.</p>		10/11/2011

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	<p>observation was completed at the group home with clients #1 and #2. At 7:46am, the HM, DCS (Direct Care Staff) #1, DCS #2, DCS #3, and DCS #4 served clients #1 and #2 their breakfast of Cream of Wheat cereal and french toast on each client's plate. No sign for drink, no use of sign language, and no picture communication was observed used or encouraged by the facility staff.</p> <p>On 9/7/11 at 6:35am, client #2 with DCS #3 was observed to complete medication administration. At 6:35am, DCS #3 assembled client #2's medication of Levothyroxine (for Hypothyroidism), Omeprazole (for gastritis), Client #2 took the medication with water DCS #3 poured. No sign language and no hand washing was observed taught or encouraged. No name, reason, or side effects of the medications were explained by DCS #3.</p> <p>On 9/7/11 at 6:52am, client #1 with DCS #3 was observed to complete medication administration. At 6:52am, DCS #3 assembled client #1's medication of Levothyroxine for Hypothyroidism and administered the medication to client #1. Client #1 took the medication with water poured by DCS #3. No sign language and no pictures were observed taught or encouraged by DCS #3. No name, reason,</p>						

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	<p>or side effects for the medication was explained by DCS #3.</p> <p>On 9/7/11 at 12:10pm, client #1's record was reviewed. Client #1's 6/21/11 ISP (Individual Support Plan) indicated objectives/goals to learn how to communicate using words "Hi," and to punch out his Docusate tablet medication.</p> <p>On 9/7/11 at 11:15am, client #2's record was reviewed. Client #2's 3/29/11 ISP indicated objectives/goals to sign for a drink, to wash his hands after using the restroom, and to administer his own pills.</p> <p>On 9/7/11 at 12:30pm, an interview with the Regional Director (RD) was completed. The RD indicated facility staff should have encouraged client #1 to verbalize and use words to communicate. The RD stated facility staff should have use sign language with clients #1 and #2 to communicate "drink." The RD indicated facility staff should have used informal and formal opportunities to teach and train clients #1 and #2 for their medication names, reasons for their use, and side effects. The RD indicated in addition to teaching the medication names, reasons for their use, and side effects clients #1 and #2's specific medication objective should have been taught at each opportunity. The RD</p>						

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W0469	<p>indicated client #2 should have been encouraged to wash his hands before medication administration.</p> <p>1.1-3-4(a) Each client must receive meals with not more than 14 hours between a substantial evening meal and breakfast of the following day.</p> <p>Based on observation, record review, and interview, for 2 of 2 sample clients (clients #1 and #2) and two additional (clients #3 and #4) living in the group home, the facility failed to ensure not more than fourteen (14) hours lapsed between the evening meal and the morning meal of the following day without a protein and three or more menu items.</p> <p>Findings include:</p> <p>On 9/6/11 from 3:50pm until 4:50pm, observation was completed at the home with clients #1, #2, #3, and #4. From 4:05pm until 4:20pm, clients #1, #2, #3, and #4 were observed to eat the evening meal of mashed potatoes, pork chops, and zucchini with onions.</p> <p>On 9/7/11 from 5:45am until 8:10am, observation and interviews were completed at the group home with clients #1, #2, #3, and #4. At 7:46am, clients #1,</p>			W0469	<p>W469- The staff have received training on appropriate times for meals and the requirements for offering meals within specified timelines. The mealtime observation sheets have been updated to include the documentation of times of meals and snacks offered. The manager will complete meal observation sheets periodically to ensure the training has been effective in relation to monitoring timeframes for meals and snacks to be offered to consumers. The observation sheets will be turned in to the Residential Director to monitor compliance.</p>		10/11/2011

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W0484	<p>#2, #3, and #4 consumed their breakfast meal of Cream of Wheat cereal and french toast.</p> <p>On 9/7/11 at 11am, the facility's undated "Menu Week I" was reviewed. The menu indicated the "Snack" was "Milk 1C (cup), Cookies 2 (two)."</p> <p>On 9/7/11 at 11am, an interview with the Regional Director (RD) and the House Manager (HM) was completed. The HM and the RD indicated clients #1, #2, #3, and #4 had two cookies and one cup of milk in the evening on 9/6/11. The HM indicated clients #1, #2, #3, and #4 finished eating at 4:15pm on 9/6/11 and started eating at 7:46am on 9/7/11. Both the RD and HM indicated the time exceeded fourteen hours between the evening meal and breakfast the following day.</p> <p>1.1-3-8(a) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, record review, and interview, for 2 of 2 sample clients (clients #1 and #2) and two additional (clients #3 and #4) living in the group home, the facility failed to provide and encourage the use of condiments during meals.</p> <p>Findings include:</p>			W0484	<p>W484- Salt and pepper are kept on the counter in the kitchen and the french toast was cinnamon-sugar french toast sticks. The staff have received training on the appropriate condiments that should be offered at meals. The mealtime observation sheets have been</p>		10/11/2011

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	<p>On 9/6/11 from 3:50pm until 4:50pm, observation was completed at the home with clients #1, #2, #3, and #4. From 4:05pm until 4:20pm, clients #1, #2, #3, and #4 with facility staff #1, #2, and the House Manager (HM) were served the evening meal of mashed potatoes, pork chops, zucchini with onions, and no salt or pepper was observed offered or provided by the facility staff.</p> <p>On 9/7/11 from 5:45am until 8:10am, observation and interviews were completed at the group home with clients #1, #2, #3, and #4. At 7:46am, the HM, DCS (Direct Care Staff) #1, DCS #2, DCS #3, and DCS #4 served clients #1, #2, #3, and #4 their breakfast of Cream of Wheat cereal and french toast on each client's plate. No syrup or condiments were observed offered or encouraged by the facility staff.</p> <p>On 9/7/11 at 12:10pm, client #1's record was reviewed. Client #1's 6/21/11 ISP (Individual Support Plan) indicated a regular diet with portion control.</p> <p>On 9/7/11 at 11:15am, client #2's record was reviewed. Client #2's 3/29/11 ISP indicated he was on a pureed diet.</p> <p>On 9/7/11 at 12:30pm, an interview with the Regional Director (RD) was completed. The RD indicated clients #1, #2, #3, and #4 should have had salt and pepper at the evening meal and should have had syrup for their french toast at the breakfast meal.</p> <p>1.1-3-8(a)</p>				<p>updated to include the documentation of condiments available on the table. The manager will complete meal observation sheets periodically to ensure the training has been effective and the observation sheets will be turned in to the Residential Director to monitor compliance.</p>		